

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No. 09/730,335
 Filing Date December 4, 2000
 Inventorship Charles H. Dennison
 Assignee Micron Technology, Inc.
 Group Art Unit 2811
 Examiner Ori Nadav
 Attorney Docket No. MI22-1577
 Title Field Effect Transistors and Integrated Circuitry

Commissioner for Patents
ATTENTION: Refund Branch
 P. O. Box 1450
 Alexandria, VA 22313-1450

VIA FACSIMILE

SECOND REQUEST FOR REFUND

1. **REFUND REQUEST:** This is a second request for a refund for the over-payment of claims filed in the above-identified application. The first request was facsimiled to the Refund Branch of the U.S. Patent and Trademark Office on May 22, 2003.
2. **FEES FOR WHICH REFUND IS REQUESTED:** \$396.00 (for over-payment of claims per explanation below).
3. **EXPLANATION OF WHY REFUND IS REQUESTED:** The following table shows the number of claims paid for versus the number actually filed in this matter:

NUMBER PAID FOR		DATE FILED/PAID	NUMBER ACTUALLY FILED	
Total	Independent		Total	Independent
60	2	12/04/00	21	2
		04/26/02	4	
		09/03/02	9 (+11, -2)	
		03/26/03	4	
60	2	Sub-Totals	38	2
(20 base)	(3 base)		(20 base)	(3 base)
40	N/A	Totals	18	N/A

REFUND: 40 - 18 = 22 x \$18.00 = \$396.00

4. **MANNER OF REFUND:** Please make the requested refund by crediting Deposit Account No. 23-0925.


Dated: 12-3-04

By: 

Mark S. Matkin, Reg. No. 32,268
WELLS ST. JOHN P.S.
601 West First Avenue, Suite 1300
Spokane, WA 99201-3828
Telephone No.: (509) 624-4276
Facsimile No.: (509) 838-3424
Customer No.: 021567

CERTIFICATE OF MAILING/FACSIMILE TRANSMISSION (37 CFR § 1.8(a))

I hereby certify that on the date shown below, this correspondence is being:

MAILING	FACSIMILE
<input type="checkbox"/> deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	<input checked="" type="checkbox"/> transmitted by facsimile to the Patent and Trademark Office: • Request for Refund
	<u>2</u> pages to fax number 703 308 5077
Dated: <u>12/03/04</u>	By:  Pat Palmer